

# Manager's Walk Through Report

Date: \_\_\_\_\_

Talent:

Facility:

Auditorium:

DCP:  Faces 1     Faces 2     Alignment 1  
 xkcd1080     Optical Illusions     SMPTE Pink

## Sound Location; Check for Position and Level

	All OK	Wrong Sound Position	No Subtitles	Comment about Position / Levels / Other
Left Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Center Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Right Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Right Surround	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Left Surround	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
LFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## Speaker Tone – High Notes; Check Clarity and Level

	All OK	Muffled	Distorted	Comment – Levels or Something Else Odd
Left Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Center Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Right Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Right Surround	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Left Surround	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## Speaker Tone – Low Notes; Check Clarity and Level

	All OK	Muffled	Distorted	Comment – Levels or Something Else Odd
Left Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Center Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Right Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Right Surround	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Left Surround	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
LFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Sounds in Silence: Hum  Buzz  Rattle  Level of "Silence" in dB<sup>1</sup>

**Visuals** – Screen Luminance: Baseline  Today's Luminance<sup>2</sup>

**All OK**  Too Bright  Too Dark  Focus Odd  Contrast Odd

**Color Wrong:** Too Red  Too Blue  Too Green  Too Yellow

**Bulb Flicker:** Low  Medium  Horrid~!  Change Order Submitted

**Can you see dust in Port Glass?** No  Yes; Order to Clean Submitted

**Tech Team Report?** Yes  Nothing to tell  Priority: Hi  Med  Low

**Submit** **Open New Report**

1- Use free iOS app "dB Volume", "Fast" C-weighted reading.  
2- Use iPhone app Cine Meter II or the Digital Screen Archiver from Harkness.